

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597226

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
41		0		1		
42		0		1		
43		0		1		
44		0		1		
45		0		1		
46		0		1		
47		0		1		
48		0		1		
49		0		1		
50		0		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53		0		1		
54		0		1		
55		0		1		
56		0		1		
57		0		1		
58		0		1		
59		0		1		
60		0		1		
61		0		1		
62		0		1		
63		0		1		
64		0		1		
65		0		1		
66		0		1		
67		0		1		
68		0		1		
69		0		1		
70		0		1		
71		0		1		
72		0		1		
73	1		1			
74		1		1		
75		1		1		
76		3		1		
77	1		1			
78		1		1		
79	1		1			
80		1		1		
81	1		1			
82		1		1		
83		2		1		
84		2		1		
85		0		1		
86	1		1			
87		1		1		
88		1		1		
89		1		1		
90		4		1		
91		0		1		
92	1		1			
93		1		1		
94	1		1			
95				1		
96						
97						
98						
99						
100						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	95	←	87	←		←
TOTAL CLAIMS	103		95			